

DEPARTMENT OF HEALTH  
COORDINATED QUALITY IMPROVEMENT PROGRAM

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∞ INSTRUCTIONS ∞

Submit a complete application package as described below when applying for approval of a Coordinated Quality Improvement Program.

**APPLICATION PACKAGE INCLUDES:**

1. A completed application form
2. The appropriate fee paid by check or money order made payable to the Department of Health.  
**Fees are non-refundable.**

<b>Original</b> .....	\$250
<b>Alternative</b> .....	\$40
<b>Modification</b> .....	\$65
3. The Coordinated Quality Improvement Program (CQIP) Plan, printed (type written) on 8 ½ by 11 inch paper which must include:
  - ∞ A **table of contents** that sites the page number clearly denoting, at a minimum, where each component specified in WAC 246-50-020 is located within the CQIP plan.
  - ∞ A **detailed description** of each required component of the program.

See the enclosed **Recommended Guidelines** that clearly denote required components and examples/activities. The areas marked with a (▲) and in **bold type** are the minimum required components specified in WAC 246-50-020 and must be described in detail within the CQIP plan.

**Please note:** The CQIP Recommended Guidelines include standards generally required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and/or the National Committee for Quality Assurance (NCQA). For information on accreditation by JCAHO or NCQA please contact them directly at:

  - ∞ JCAHO - One Renaissance Boulevard, Oakbrook Terrace, IL 60181 or 630/792-5000
  - ∞ NCQA - 2000 "L" Street Northwest, Suite 500, Washington, DC 20036 or 202/955-3500

**SEND THE COMPLETE APPLICATION PACKAGE TO:**

Department of Health  
Coordinated Quality Improvement Program

**Via US Postal Service Regular or Priority Mail**  
PO Box 47879  
Olympia, WA 98507-1099  
  
or  
  
**Express Mail** (*Federal Express, UPS, etc.*)  
1107 Eastside Street  
Olympia, WA 98504-7879

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## ∞ IMPORTANT INFORMATION ∞

### **NOTIFICATION OF DETERMINATION**

The Department will send written notification of approval to a health care entity within forty-five working days from the date the application was received. If the Department declines to approve a CQIP plan, the health care entity will be provided an opportunity for a brief adjudicative proceeding according to RCW 34.05.482.

### **ALTERNATIVE PROGRAMS**

The Department will accept CQIP plans as alternative programs from health care entities that are accredited by JCAHO or NCQA. Health care entities applying for approval under the “alternative program” must submit a letter or certificate from either JCAHO or NCQA stating the entity is accredited by their organization, as well as, items 1 through 3 in the “Application Package” section above.

### **MAINTAINING DEPARTMENT APPROVAL**

To maintain department approval, a health care entity modifying the scope, components, or operation of their approved CQIP must submit the following documentation to the department for review and reapproval:

- a) An application on forms provided by the department;
- b) A full program plan, printed on 8 ½ by 11 inch paper, including:
  - i) a table of contents clearly denoting, at a minimum where each component specified in WAC 246-50-020 is located within the program plan;
  - ii) a detailed description of every aspect of the program;
- c) Modification fee of \$65; and
- d) A detailed description of the modification and how it affects the program.

### **PUBLIC DISCLOSURE**

CQIP plans approved by the Department will be subject to the public disclosure law, Chapter 42.17 RCW. Health care entities submitting material that they believe should be exempt from public disclosure should conspicuously mark the portion or portions and state the basis for exemption. Upon request for information, the Department’s procedure will be as follows:

1. Promptly release, to the requester, the information that has not been marked “exempt”. The requester will be told, “This is not a complete plan because sections have been marked exempt from public disclosure. The material marked may be released fifteen working days from the date the request is received unless the provisions of RCW 42.17.330 have been invoked.”
2. Promptly send written notification to the health care entity that a request has been received and the unmarked material was released to the requester. This notification will also state that the marked material will be released ten working days from the date of notification unless the entity has invoked the provisions of RCW 42.17.330.

If you have any questions contact the Department of Health Coordinated Quality Improvement Program at 1107 Eastside Street, PO Box 47879, Olympia, Washington 98504-7879 or (360) 236-4028 or by E-mail:

[anh.berry@doh.wa.gov](mailto:anh.berry@doh.wa.gov)